

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10-019993**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2		/	/			
3		/	/			
4		/	/			
5		/	/			
6		/	/			
7		/	/			
8		/	/			
9		/	/			
10		/	/			
11		/	/			
12		/	/			
13		/	/			
14		/	/			
15		10	X			
16	/		/			
17	/		/			
18	/		/			
19	/		/			
20	/		/			
21	/		/			
22	/		/			
23	/		/			
24		8	X			
25		8	X			
26		8	X			
27		8	/			
28		8	/			
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	9		9			
TOTAL DEP.		15				
TOTAL CLAIMS			24			

	•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						